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**408 Surgical salvage therapy for malignant intrathoracic metastases from nonseminomatous germ cell cancer of testicular origin: Analysis of a single-institution experience***Kenneth A. Kesler, MD, Jamison L. Wilson, MS, Jason A. Cosgrove, MS, Jo Ann Brooks, DNS, Ahdy Messiha, MS, Naomi S. Fineberg, PhD, Lawrence H. Einhorn, MD, and John W. Brown, MD, Indianapolis, Ind*

We reviewed 134 patients undergoing 186 thoracic surgical procedures to remove malignant metastases from nonseminomatous germ cell cancer of testicular origin. The overall median survival was 5.6 years, with 55 (42.3%) patients alive and well after an average follow-up of 5.1 years. Outcome and risk factors of long-term survival were identified after salvage thoracic surgery in select patients.

**416 One hundred consecutive pneumonectomies after induction therapy for non-small cell lung cancer: An uncertain balance between risks and benefits***Christophe Doddoli, MD, Fabrice Barlesi, MD, Delphine Trousse, MD, Stéphane Robitail, MD, Sadio Yena, MD, Philippe Astoul, MD, PhD, Roger Giudicelli, MD, Pierre Fuentes, MD, and Pascal Thomas, MD, Marseille, France*

This retrospective study included 100 patients treated from January 1989 through December 2003 for a primary lung cancer in whom pneumonectomy had been performed after an induction treatment. This operation is a high-risk procedure, the survival benefit of which appears uncertain.

**426 Contemporary assessment of laryngotracheal trauma***Rehal A. Bhojani, BS, David H. Rosenbaum, MD, Erkan Dikmen, MD, Michelle Paul, BS, B. Zane Atkins, MD, David Zonies, MD, Aaron S. Estrera, MD, Michael A. Wait, MD, Dan M. Meyer, MD, Michael E. Jessen, MD, and J. Michael DiMaio, MD, Dallas, Tex, Kirikkale, Turkey, Durham, NC, and San Antonio, Tex*

We performed a retrospective analysis of laryngotracheal trauma at two major metropolitan hospitals in order to characterize the contemporary mechanisms, diagnostic modalities, and outcomes common in this deadly spectrum of injuries (26.8% mortality). We identified blunt trauma and the requirement of an emergency airway as independent predictors of mortality.

**433 Limited mediastinal lymph node dissection for non-small cell lung cancer according to intraoperative histologic examinations ▲***Tatsuya Yoshimasu, MD, PhD, Shinichiro Miyoshi, MD, PhD, Shoji Oura, MD, PhD, Issei Hirai, MD, Yozo Kokawa, MD, and Yoshitaka Okamura, MD, PhD, Wakayama and Tochigi, Japan*

Fifty-eight patients with NSCLC underwent lobectomies with limited mediastinal lymph node dissection, and their regional mediastinal lymph nodes were proved not to be metastatic intraoperatively. The cancer-specific 5-year survivals were 96.6% in patients with stage IA disease and 67.4% in patients with stage IB disease. Our limited mediastinal lymph node dissection is applicable to patients whose regional lymph nodes are not metastatic.

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## 438 Atrial fibrillation complicating lung cancer resection

*Eric E. Roselli, MD, Sudish C. Murthy, MD, PhD, Thomas W. Rice, MD, Penny L. Houghtaling, MS, Christopher D. Pierce, PhD, Daniel P. Karchmer, MBA, and Eugene H. Blackstone, MD, Cleveland, Ohio*

Risk factors for AF after lung cancer resection are both patient and procedure related. Although often solitary, this complication is associated with longer hospital stay and higher cost. It therefore requires prompt treatment and should stimulate investigation for other problems.

## 445 Evaluation and operative technique to repair isolated sternal fractures

*J. Ernesto Molina, MD, PhD, Minneapolis, Minn*

A series of 12 patients with fractured sternum and no internal injuries undergoing correction of sternal fracture are presented. A standard operative technique is proposed. Results are highly satisfactory for up to 17 years of follow-up.

## 449 Management of corrosive esophageal burns in 149 cases

*Jing-Hai Zhou, MD, Yao-Guang Jiang, MD, Ru-Wen Wang, MD, Yi-Dan Lin, MD, Tai-Qian Gong, MD, Yun-Ping Zhao, MD, Zheng Ma, MD, and Qun-You Tan, MD, Chongqing, People's Republic of China*

We review our experience in the treatment of 149 cases of corrosive esophageal burns. The modified intraluminal stenting helps prevent the formation of stricture in patients with corrosive esophageal burns when being admitted less than 3 weeks after injury. Whether to perform esophagectomy during esophageal reconstruction depends on the location of the stricture. Platysma myocutaneous flap is a suitable choice for repair of stricture in the cervical esophagus.

## Evolving Technology (ET)

## 456 Time-resolved three-dimensional magnetic resonance velocity mapping of aortic flow in healthy volunteers and patients after valve-sparing aortic root replacement [VIDEO]

*Michael Markl, PhD, Mary T. Draney, PhD, D. Craig Miller, MD, Jonathan M. Levin, MD, Eric E. Williamson, MD, Norbert J. Pelc, ScD, David H. Liang, MD, PhD, and Robert J. Herfkens, MD, Stanford, Calif*

MRI mapping generated time-resolved 3D pulsatile blood flow velocity vector fields in the ascending aorta of volunteers and patients after valve-sparing aortic root replacement (David reimplantation). Coronary cusp vorticity was preserved after reimplantation, regardless of neosinus creation, and increased retrograde flow and helicity in the distal ascending aorta were observed.

## 464 Improved pain management outcomes with continuous infusion of a local anesthetic after thoracotomy

*Grayson H. Wheatley III, MD, David H. Rosenbaum, MD, Michelle C. Paul, BS, Alan P. Dine, BSN, Michael A. Wait, MD, Dan M. Meyer, MD, Michael E. Jessen, MD, W. Steves Ring, MD, and J. Michael DiMaio, MD, Dallas, Tex, and Lake Forest, Calif*

We sought to determine the role and effectiveness of a local anesthetic pump in the treatment of post-thoracotomy pain. Narcotic use and pain scores were significantly reduced in patients treated with local anesthetics through a continuous-infusion elastomeric pump when compared with those who had placement of an epidural catheter.

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